

that don't. That's Jimmy Carter. And I don't know that he lived by it, but I believe those words made a lot of sense. That's why I remembered them.

I yield to the gentleman from Texas.

Mr. GOHMERT. I appreciate the gentleman's yielding.

And I note interesting headlines in the news this evening. For example, one article says, the headline, "Reid Targets Government Takeover of Health Insurance." Another says, "Snowe," talking, I'm sure, about Senator SNOWE, "Rejects Reid Public Option Plan." Another says, "Democratic Senator Lincoln, Public Option a Non-starter." Another headline, "Lieberman Backs GOP Filibuster of the Public Option." Another Gallup poll: "Conservatives Outnumber Moderates."

So these can't be too good of news. This article from Monday says that in an appearance at a Florida senior center during the day, Speaker NANCY PELOSI suggested a new name for the same approach to ease the opposition, talking about the public option. She suggested, "the consumer option." Representative DEBBIE WASSERMAN SCHULTZ, a friend from across the aisle, Democrat from Florida, appearing at PELOSI's side, used the term "competitive option."

The article says, "Critics say that by any name, the approach amounts to a government takeover of the insurance industry," with which I would tend to agree. This article quotes Senator OLYMPIA SNOWE of Maine, the only Republican to vote with Democrats on health care so far this year, issued a statement saying she was "deeply disappointed" in the approach the Democratic leader had chosen.

But, anyway, it can't be too good of news for ramming this bill down America's throat and forcing us to take care of people who come into this country and immediately demand free health care.

We just have a difference of opinion across the aisle as to how that should be handled, but I also do know that we have friends across the aisle that simply do not believe that that will restore our country's ability to avoid bankruptcy by ensuring and providing health care to the world.

Mr. KING of Iowa. I thank the gentleman.

Reclaiming my time, I know that we are very near the end of this. But, Madam Speaker, the point that I would like to leave you with tonight is this: There was a time just 3 years ago when the American people rose up. They rejected a policy that was being driven through the House and the Senate, a bipartisan policy driven by the President and Democrats and Republicans that was called "comprehensive immigration reform." I called it "comprehensive amnesty." They rose up. They jammed the telephone lines, and they killed that bill.

This bill, this bad bill, affects more Americans. It does not have bipartisan

support. It has only Democrat support, and they're behind closed doors. The American people can rise up, Madam Speaker, and they can jam the telephone lines and they can stall the United States Senate and they can do so in the House of Representatives as well. They can convey this message to kill this bad bill so we can start all over with some real solutions, real solutions, among them the list that I have: tort reform, buy insurance across State lines, portability, full deductibility, association health care plans, health savings accounts, transparency in billing, electronic medical records, preserve catastrophic insurance, extend COBRA. That's just the top 10 on my list.

And here's what I'd reject. I would say that if we are going to be able to opt out, as HARRY REID said yesterday, well, I'm going to opt out of this: I'll opt out of abortions. I'll opt out of funding illegal aliens. I'll opt out of the lawsuit abuses that are costing us billions every year. I'll opt out of the tax increases and the Medicaid cuts.

Madam Speaker, I want to kill this bill, and I appreciate your indulgence.

#### HEALTH CARE REFORM

The SPEAKER pro tempore (Ms. PINGREE of Maine). Under the Speaker's announced policy of January 6, 2009, the gentlewoman from Texas (Ms. JACKSON-LEE) is recognized for 60 minutes.

Ms. JACKSON-LEE of Texas. Madam Speaker, let me express my appreciation for having the opportunity to share with my colleagues.

Listening to my good friends who have spent the last hour giving us the reason why, and usually in that question there is a sense of hopelessness and frustration, I rise today to speak of the answer, why not? After some 60 or so years since the 1930s, 1940s, 1950s, and 1960s when America has attempted to travel on the journey of health care reform, why not in 2009?

Frankly, I believe that we can. And as I listened to my good friend Congressman GRAYSON some few days ago on this very floor and he asked individuals who tragically had lost loved ones because of the tragedy, the inequality of lack of health coverage, health care insurance, I join him, and I ask that those who are sick today in America and want to be heard, that they are sick and getting sicker because of no health care insurance, I would like you to write in on my Web site, United States Congress, Congresswoman SHEILA JACKSON-LEE. Let us hear from you. For as we have lost, tragically, those who have passed, those countless families responding to a call for them to express their sadness and to provide us with this information, I know that there are those who are now suffering with their sickness alone because they have no health insurance.

So, today, I rise to the floor to give sort of a summary of a hearing that

was held today in Judiciary that allowed individuals to come to that room and for members to listen to them on their stories about those family members that are sick. Yes, some did die, but they spoke of their sickness. And I am delighted but saddened that those stories had to be told. The room had doctors, patients coming together around the question of why not? And if not now, then when? The Congresspersons came from States as far away as Ohio and Texas. They came from Washington, D.C. They came from Michigan and Arizona and New York to listen to these various Americans coming from faraway places, as far away as California, to talk about the tragedy of sickness and being alone.

Let me, first of all, start with the obvious question of what happens when America becomes sick? Well, right now we're in the midst of a pandemic of H1N1. It has risen to the level of national headlines. The President has declared a national emergency. In fact, newspaper articles are being written that one in five children will become infected with influenza-type ailments. So we know that our children are being impacted negatively.

On this past Monday in my own congressional district, I held a hearing with leaders from the public health sector, the private health sector, Ben Taub Hospital, Harris County Hospital District, Harris County Health Department, the City of Houston Health Department, our school districts, community citizens and leaders, who indicated that, as we work with our government, the Federal Government, here's how you can do better.

But as I was listening to their testimony, I could just think of sick people, in this instance sick with H1N1. And what will my colleagues say if this turned into the raging pandemic where lines and lines of people wrapped around buildings, where people were languishing in their apartments and home because they were sick and could not access doctors?

As a member of the Homeland Security Committee, we were founded and created after 9/11, the tragedy of unpreparedness in some circles. It was defined as people and this Nation not being prepared. So, for example, our first responders who addressed this question, our public health workers, our Public Health Corps here in the United States Federal Government, FEMA, and others were doing what they could do, but they were overcome by the fact that so many people did not have access to medical care.

□ 2045

There were those who might have been able to be cared for who were hesitant to go to a doctor. One, they could not access one, and, two, they didn't have the resources. Maybe they didn't have enough community federally qualified clinics, which is in H.R. 3200. Or maybe they had been denied insurance because they had a preexisting

disease and they said they could take care of it themselves. They were on various over-the-counter drugs when in actuality they should have seen a doctor. Maybe they should have seen a doctor at the first signs of the symptoms of this ailment and maybe they could have kept others from being infected. Health care becomes part of a national crisis.

I listened to some challenge to the Constitution about the right to health care. I frankly believe that the Bill of Rights does embrace this concept because the Fifth Amendment suggests the question of due process. And one does not have due process under the Constitution if your neighbor can have health insurance and save his children from the scourge of H1N1, not losing their lives because they might have vulnerabilities as a child, and you cannot.

So, Madam Speaker, everything is intertwined. It is an action and a reaction. As I listened to the hearing, I made several remarks. This the Monday congressional briefing where Members of our delegation joined us and they listened to the idea or to the fact that H1N1 is more widespread now than ever before. Health authorities say almost 100 children have died from the flu, and 46 States now have widespread flu activity. More than 5,000 people have reportedly died from swine flu since it emerged this year and developed into a global epidemic.

The World Health Organization said Friday since more countries have stopped counting individual swine flu cases, the figures are considered an underestimate. The flu has infected millions of Americans and killed nearly 100 children in the United States. The chief of the Centers for Disease Control and Prevention said Friday that over 1,000 people have died as a result, with 46 States reporting widespread H1N1 activity.

What happens as this is compounded by the millions who are uninsured?

Specifically, in Houston, Texas, there were two swine flu deaths confirmed on Wednesday, October 21, 2009, that have brought the H1N1 death toll in Houston up to 15. The 15-count death toll includes residents of many different areas surrounding Harris County. The State reported one new influenza-associated pediatric death last week. What do we say to that child's parents? I don't know whether they did not have health coverage, but I can assure you that there will be those infected who do not. The child who died was an 11-year-old with significant underlying medical conditions. The child was not vaccinated for influenza for the current season. Not H1N1, but the regular flu shot. I can only imagine that there might have been some difficulty in that child receiving that flu shot. So many are in that predicament. So many do not have access to doctors and clinics and health insurance; or a vigorous, robust public option which would help the millions of those who

now languish who may be working, but do not have the ability to access health insurance.

So I want to thank my colleagues and my chairman of the Judiciary Committee, Chairman JOHN CONYERS, for co-hosting and granting me the opportunity to act on my idea, and that was for this Congress to listen to the sick. And woe, did we listen to the sick today. From 9 a.m. to 2 p.m., we listened to people's stories. And so I share with you, Madam Speaker, some of the excerpts of these stories.

I have in the backdrop what America will do if this surge, this pandemic of H1N1, begins to filter into every nook and cranny and find the uninsured, those who could not earlier get a flu shot, those who don't have access to a physician to determine what they have. No doctor to give them Tamiflu, no place to go. Not because our very fine Federal authorities will not be having the opportunity to work with local and State authorities to provide offsite places for the H1N1 vaccination to take place as we get the doses and as they are being produced, but who knows of those who will go unattended because of their lack of understanding or lack of information or lack of ability to access a medical professional. Maybe they will crowd into the emergency rooms and make it a national and unending crisis.

In the hearing today, we mentioned the Vietnam War, where we tragically lost 50,000 of our brave and courageous treasures of the United States. We acknowledged their sacrifice and expressed the horror of that loss of life, although applauding their service to this country and never forgetting it.

But, Madam Speaker, without health insurance as I stand here today, we are losing 45,000 Americans every single year, a war that does not seem to have a peace table where we can sit down and resolve this conflict of those with no insurance because we are stuck, if you will, and people are not listening to the American people to be able to provide for a passage of H.R. 3200 with a vigorous public option, a bill that eliminates the preexisting conditions, that provides for opportunity for small businesses to be covered, that provides for the children's health insurance, that closes prescription part D, the horrible doughnut hole that no senior ever wanted to hear about, that protects Medicare and expands Medicaid and opens the doors of opportunity for all Americans.

Madam Speaker, The Wall Street Journal has never been a paper of great liberalism. They tell it like it is. However, many people not believe these numbers. A Wall Street Journal-NBC poll of today, October 27, 2009: Nearly three-quarters of Americans believe it is extremely or quite important to give Americans the choice between a government-run care plan and a private plan in any final health care bill, according to the latest Wall Street Journal and NBC news poll. Some 73 per-

cent said it was important to do so; 45 percent called it extremely important; and 27 percent said it was quite important.

What more do we need to do to make it clear that we need to put that kind of bill on the floor of the House and the Representatives of the people need to vote to ensure that the sick are responded to. The sick that work, the sick that pay taxes, the sick that have children, the sick that own homes, before catastrophic illnesses causes them to go into foreclosures.

The strength of the support continues to come from many Democrats around the Nation. But let me tell you something: It is extremely important to include the fact that more than one in three Republicans, 34 percent, want a public option and view it as being extremely important. As did 39 percent of Independents; 40 percent almost of Independents want a public option.

Now, some are arguing for a lot of different issues. I, likewise, will be advocating to keep St. Joseph Hospital open. Physician-owned hospitals have a meritorious role in this Nation. They take care of the sickest of the sick. But as we do this, the question becomes why not in taking care of the sick.

So, let me begin recounting some of the stories that were told to us from 9 a.m. today, October 27, in the House Judiciary Committee room until 2 p.m. It was certainly an appropriate forum, a place of justice where people's rights are judged as we work through legislative issues, making sure that every person has a voice.

I listened to some of my colleagues speak about the life and times of Dr. Martin Luther King, who himself understood that there was a necessity in this Nation to speak for the vulnerable, in his leadership of the Poor People's March, in his voice on the 1963 March on Washington, and in his own eulogy on April 3, 1968, in speaking about this Nation reaching the promised land, knowing that he might not get there with us, but that we as a Nation, as a people, could find the kind of promised land that would provide people with equality for all.

I am very glad to have been able to hear from the General Board of the Church and Society of the United Methodist Church. James Winkler, the general secretary, came to this hearing today to speak of the commitment of his church body, recognizing their role. In 35 congregations across the United States, he said there are far too many people in our pews who have fallen through the cracks in our broken health care system and they are not able to afford insurance and they are ineligible for Medicaid. I ask the question again, why not?

He spoke to us about Barbara, an attorney. Her husband and her children were covered by health insurance through her law firm. She developed cancer, received needed treatment; and, fortunately, the cancer went into remission. A few years later, however,

the cancer came back, and the family was slated to be dropped from their health insurance. Sound familiar? Pre-existing disease. Barbara faced a decision no one should have to face, whether or not to divorce her husband so that he and their children could receive health insurance. The question is, is this our America?

So we can listen to a long list of noes, a long list of proposals of what bills many may have. And I have the greatest respect for my colleagues. Obviously, when we drop legislation, we are sincere about it. But, Madam Speaker, there will be many opportunities to address some of the very good ideas that many of our Members have. I look forward to an ongoing debate on health care, but we ask the question, Why not? In the middle of a surge of a pandemic of H1N1, the swine flu, countless persons in their homes right now as we speak, maybe even suffering, doctoring themselves because they have no access to a physician.

The General Board of the Church and Society of the of the United Methodist Church and James Winkler, the general secretary, added this to his testimony today. Michael, a college student, was hit by a drunk driver and spent 3 days in a trauma hospital. Five months before the accident, he was dropped from his parents' health insurance because he turned 25 years of age. The very same population of 18 to 25 that a vigorous public option will help.

How many parents are out there right now knowing that their child is going to graduate from college, or even knowing that their college's health insurance plan is not enough. Your child could be on a vigorous public option. Michael was ineligible for Medicaid because he had also held down a job while attending college to assist in his hospital expenses. During his 3-day hospital stay, he accumulated \$97,000 in medical expenses and is now in the midst in a long physical rehabilitation, including major dental reconstructive surgery. His mother managed to convince her employer to add COBRA benefits for this young man at an added cost of over \$1,000 per month to what she is already paying for the rest of her family. Now the family faces financial ruin because of the accident.

These are tragic stories that we hear over and over again. James Winkler proceeded to say that the growing cost of health care means that many of our clergy and their families have inadequate health care and that many of our local churches have had to resort to part-time pastoral leadership. Many of our lay employees go without health benefits because of the high cost.

Madam Speaker, the stories of the sick, those that live that are begging this Congress to provide a vigorous and robust public option. Our speakers were many, but I am grateful that they were willing to share their testimony.

What about the documentary film producer? One would think that she would have the world in the palm of

her hands. What an exotic life. Natalie Noel was willing to come to this place and express the pain of what she has seen in her filming of New Orleans and the survivors of Hurricane Katrina, but also to tell her story of what happened personally to her.

□ 2100

Natalie Noelle, a journalist with news from Indian country, she is also an independent filmmaker; and, as she said proudly because she lives, a breast cancer survivor. She is a native of Mobile, Alabama, and of course she knew well of the civil rights movement.

Since August, 2007, she, working with a media company, had been co-producing "Reinventing Paradise." This is a heart-wrenching documentary that tells the dramatic stories of Gulf Coast residents who suffered unimaginable hardships. As she was in the midst of doing this, she became devastatingly sick with the disease of breast cancer. But as she was talking about her own story, she told us again about the people who are still suffering in New Orleans in the area, people who, with great strength of spirit and inspiring self-determination, are struggling to rebuild their lives, homes and communities.

But the people are also faced with physical and psychological problems, and they have little or no access to care, no access to care. Even in a video that she showed in that room, an EMS worker began crying because of the many people that she had to pick up for mental health challenges; they were in crisis, and there were no health facilities for them to go to.

She told this story as she began to tell of her fight as well. And her fight was that she, too, took ill and was enormously ill with cancer. Her story was one of courage, but it was devastating. In the middle of doing her movie "Reinventing Paradise" she was diagnosed with stage three breast cancer. She was suddenly hearing surgeons recommend an immediate mastectomy. "At the time I had private insurance with Alabama's single dominant carrier and a comfortable apartment in Mobile." And let me, Madam Speaker, for a moment just highlight that.

What the robust public option will do will provide the competitive edge that we don't have, will in fact save Americans \$110 billion. Can I simply ask the question, why not? Why would we reject that underlying premise, that a vigorous robust option as documented by the CBO that will save \$110 billion and it will provide an opportunity for your premiums to go down? And in States where there is only one or two insurers, you will have a competitive element. You won't close them down in no way. So much of our health insurance is based on employer-based insurance, but you will give the opportunity for low-cost insurance and you would have answered the question that Noelle is speaking to us now. This is her voice. Soon I was undergoing multiple surgeries, several courses of chemo-

therapy, radiation, experiencing pain that I cannot begin to describe. I know there are breast cancer survivors who live today because of that regimen, but I also know that there are probably those who are struggling alone. Some may be recently getting the news and wondering how they will be able to continue their health care. Let us hear your story.

"Unable to work, I lost my hair, my apartment, and found myself marginalized, humiliated, hopeless. My insurance was canceled." Are there sick who hear us today and tonight who could tell that story, your insurance was canceled? In a public option, no preexisting disease will disallow you from having insurance.

"My insurance was canceled," but her testimony is, "Thankfully it was canceled after covering my first year or so of treatment, but my medical bills continued to pile up." She began crawling back to life with the help of a former business partner and the support of friends.

She recently moved to Pennsylvania where she was able to receive physical therapy and to complete her healing process because of the public medical assistance program that the State of Pennsylvania has in place. Can you imagine, she had to crawl her way back to a State that would allow her to finish her health care?

What is the answer to the question, why not? It is simply that we must pass H.R. 3200 for the sick, the sicker, and the sickest.

I want to make mention now of some of the doctors that came because I will tell some of their stories. But I wanted to have a poster that they actually brought. They wanted us to read off these names—the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American College of Physicians, the American College of Surgeons, the American Medical Association, the American Medical Student Association, the American Osteopathic Association, Doctors for America, the National Medical Association, the National Physicians Alliance and SCIU, the Committee of Interns and Residents, Doctors Council and National Doctors Alliance. They wanted us to know that all of these members stand for health care reform. And the large print says, Did you know half a million doctors support health care reform? Did you know that they support health care reform?

Many of these doctors were present with us in this hearing. Remember, this was a hearing for the sick, the sickest, and those family members who had suffered, and doctors came to share with us stories. And so as many as I can share with you tonight, I will do so.

What about Joan S., Kosloff, whose son, Eric, lost his battle because of lack of access to health care? Joan cried with us in that hearing. Joan was

comforted by the other witnesses. But her son, Eric, who had a strong constitution, had bounced back from other illnesses, had previous bouts with substance abuse but was recovering and was leading his life as a lawyer who handled pro bono cases. He was an advocate for those who could not speak for themselves, and he was working on behalf of those people. Around October 15, 2006, he was visiting in Philadelphia from Atlanta. The family noticed after a brunch and a happy time that he had a bad cold and suggested that he go to a doctor when you get home, your cough sounds terrible.

Occasionally, he went to the ER at an Atlanta public hospital. They prescribed an antibiotic and sent him home. Remember, he didn't have a doctor. He went to the emergency room. This has been the plight of Americans all over this country; their doctor is an emergency room. Those doctors are overwhelmed. I've gone sometimes with my mom, who is not Eric's age, but is 83. I know full well by being in emergency rooms often that what you see is an inundated system.

And so he went to the emergency room. That was his doctor. They sent him home. He took the medicine and he didn't get better. His mother spoke to him after the first trip to the ER and heard him still coughing. On November 18 he returned to the ER—remember, not to a doctor, not to a primary care provider, which, by the way, H.R. 3200 will provide enhanced opportunities for primary care physicians as well their specialists and other medical professionals, such as nurses and nurse practitioners and others who will help in the medical system. He returned to the ER and was given a painkiller because he complained of severe head and neck pain. It had codeine in it. His mother said, I can't imagine giving codeine medication to a recovering substance abuser, and I cannot understand why the emergency room doctors did not want to find the reason for his head and neck pain.

I don't know if Eric took the medication they gave him. Eric's daughter came to visit him and they went to a friend's house. The next night he became violently ill and threw up. Remember, this person is walking around, not seeing any primary care physician, not under constant care, no insurance. His roommates called his wife to pick up their daughter. She wanted to take Eric to the hospital, but he told her he just wanted to sleep. He then fell into a semicoma and his housemates took care of him and notified the authorities.

Finally, they called 911. An ambulance took Eric to the same hospital he had been to 4 days previously. He never regained consciousness. No doctor, no health insurance. Of course if he had a primary care physician he might have been diagnosed with meningitis and bacterial pneumonia.

These are stories of Americans who didn't deserve to die, who wanted to

live a full life, who were making good on their life and wanted to raise their children. This is a picture of Eric as his mother wanted us to see, vibrant, happy, serving those indigent clients that he wanted to serve, providing them with justice.

What about Dr. Rebekah Gee—and I call her a miracle—another accident victim hit broadside, both she and her husband, by an SUV while they were riding on a motorcycle. She says in the hearing room that she was lucky. She is the daughter of a university president and she had access to the best medical care and services in the country. I told her that she was a miracle. She is practicing OB/GYN now after that terrible tragic accident. And her husband did lose his life. But she admitted that they did not have insurance, he did not have insurance, and she is where she is today because of the position her father had and the willingness of their care to be at cost or not charged.

In my rehabilitation center, I spoke to a young woman whose husband got into a car accident—this is her talking about when she was being rehabilitated. He was severely mentally damaged. A family with three children, she had stayed at home and he had worked several jobs. Not only did this young woman have to deal with the fact that her husband would never be the same, but she would have to put all the money that she saved towards medical bills and lose her hope for helping her children's financial future. This was someone who was with her in the rehabilitation center. An accident or illness is punishment enough. That family, she was trying to say to us, was unlike her because she had resources through her father. Even though as a married couple they had no health insurance that would have covered her illness, she was in the same facility with a young woman who had children, whose husband was severely mentally damaged through an accident, and that person was going to have to pay. That was a sick husband, a sick family member, and they were going to have to pay and pay and pay and pay because they had no insurance.

We listened to the sick, but they were not worn out, they were not hateful, they were not angry. They were hurt, and they were pleading for us to do something for them. They were pleading for H.R. 3200. They were pleading and pleading and pleading and asking us to care. They were asking for a robust public option to bring down costs in insurance premiums that employers and others provide.

They were asking us to care about having insurance for 18- to 30-year-olds who were in the prime of their life, but who are also at the beginning of their careers or they are in college. They're asking us to care about hardworking families who, because of the expenses of the day, did not have enough money to pay for insurance.

And so I ask not why, but I ask the question why not?

And what about the story of a young doctor, so highly credentialed—George Washington University, faculty appointment, fellowship at NIH and internship at Vanderbilt University. Long before she earned a master's in public health from Harvard and a medical degree from the University of Chicago, she had dreams. She grew up as a child of a single parent in Detroit, Michigan. She saw the diseases that came about through inequity and disparities in health care. She saw family members not have access to health care. And this young girl, now a doctor, had a dream; she wanted to serve those people. She wanted to serve you and you and you that are now sitting in America with no health insurance. She wanted to be your doctor, your primary care physician.

□ 2115

But yet, in the system that we have, she could not find a way to serve the poor, to serve individuals that did not have access to health care and, in this instance, access because there are probably no federally qualified community health clinics, not enough. These individuals did not either enroll or qualify for Medicaid. These individuals didn't have H.R. 3200 or health care reform to provide a robust public option. She couldn't find a way.

So, in her own words, Dr. Anthony said she boycotted and is boycotting America's medical system today. She boycotted hospital care. She left the hospital treatment system because she could not treat patients because there were these oversight boards that would stop her from treating people who did not have insurance. They could be in the hospital, but they would be sent home, and she would feel empty because she was not able to provide them with care.

She told us about patients like her Aunt Chris who couldn't afford health insurance and, therefore, went without preventive screening and was diagnosed with invasive cervical cancer. She said she would never forget waiting for months to get her appointment at Cooke County or standing at the hospital pharmacy waiting in line wrapped around the corner just to drop off the prescription for her medication. Sadly, her aunt died in July of this year.

There are patients like her grandfather, who died in May from complications of CHF, leaving his retired wife with medical bills greater than the combined salaries of two physicians, or patients like her who were denied health insurance from private insurance when they were unemployed.

She boycotted the health insurance system because she, in her own words, said that she was disgusted and disheartened by the reality that 90 percent of the patients I choose to serve as a doctor, my family and community, could not get an appointment to see me if their life depended on it. She had difficulty sleeping at night.

Then she tells the story, this credentialed doctor tells the story of

having boycotted the system, and becoming unemployed, she joined the 47 million uninsured when she first moved to the District of Columbia. COBRA was offered for approximately a thousand dollars a month, but she was unemployed and she owed \$217,000 in medical school loans and simply could not afford it.

The private insurance companies denied her application for private insurance, including BCBS, Aetna, and Kaiser. She assumed her premiums would be higher due to the height and weight ratio, but I never imagined I would be flat out denied. Let me just say that again so I can get it right.

She accepted the fact that she was going to have to pay very high premiums. She was willing to accept that. She has already got \$217,000 in medical expenses. She thought maybe her physique would cause her to have increased payments. But can you imagine this credentialed doctor could not get health insurance at all? She was denied.

Madam Speaker, the loss of health insurance is not a respecter of age. It is not a respecter of your economic status. It's not a respecter of region. It's not a respecter of racial disparities or what race you are. It is an equal opportunity offender. It will attack those who suffer disparities because they are African American or Hispanic or Asian or if you are older or if you are younger or if you have a preexisting disease or if you have lost your job.

It is not a respecter of anyone. If you happen to have been wealthy and fallen upon hard times and lost everything, if your home has been foreclosed, you will fall into the trap of having no access to health care under this present system. I don't believe we can tolerate this kind of system anymore.

What about the story of a young physician who wants to ensure that he does what his life dream was, Dr. Alex Blum, who is a physician, a pediatric physician, who is concerned about making sure that he treats the sick children that are out there right now whose parents don't have health insurance and they may not be enrolled in the Children's Health Insurance Program because it has not been expanded as we plan to do in this legislation, H.R. 3200. But let me tell you his story, personally, what happened to him.

Six years ago, he says, when he was a medical student at Howard University College of Medicine in Washington, DC, he spent the summer doing an internship at the Centers for Disease Control in Atlanta. Don't we applaud that, a young doctor goes down to be an intern at a Federal agency? It speaks to the call of President Obama for those young people to serve. He probably could have gotten any other kind of internship. He became very sick. He went to the emergency room, was told he was in acute kidney failure. The problem was that his medical school insurance only covered him if he got sick near Washington, DC, not Atlanta, near Washington, DC.

So all of you parents, like myself, that have college-age children—they have graduated since—who want to go all the way around the world, in fact, they want to go way around the world; they want to work maybe down in New Orleans, as my son did, way away from his school, in order to be able to work at that time—he was in college—with Hurricane Katrina survivors; or my daughter, who went to the Mississippi Delta, way away from her school, to be able to help and work with those in that region. This young man went to the CDC. What parent could understand that he did not have health insurance because he had to be in the Washington, DC area?

It didn't cover me in Atlanta, he said. I qualified as underinsured. Aware that we could not afford out-of-pocket payment for a renal dialysis unit as was being recommended, my dad—his dad, a physician—drove him through the night from Atlanta, waking him every few minutes to see if he was responsive.

Let me see if I can get that. Here you are driving, trying to get through the dark of night. You have got a child that you love sitting in the seat going in and out of the consciousness, and you are trying to make sure that you are checking on that child, rushing up to get within the guidelines and boundaries of Washington, DC, so that you can get medical care. Until we finally reached Washington, DC, the next morning, even those of us who choose to enter the profession of caring for others are not immune to the dysfunctional health care system.

I thought that was a powerful statement that he, himself, had this concern. He is, of course, concerned about the 47 million uninsured and the 87 million underinsured Americans who deserve better. He trained in pediatric medicine at a county hospital outside of Los Angeles. At this county hospital, he cared for uninsured children, those enrolled in SCHIP and Medicaid. What he enjoyed most about working within that system was that he provided high-quality care to those who needed it the most.

His patients on Medicaid and SCHIP were able to easily see subspecialists. But he has a story here, and let me just tell it to you quickly.

He once cared for a 9-month-old boy who had a swollen face covered in a rash on his forehead and cheeks and raw in his neck folds. Any of us who picked up a bouncing baby, and we know how much we love to just nestle and kiss it. And just think of this baby with this rash. And many of us who are moms and dads know how babies can get chafe. This was raw rash, as he described it. How painful this must have been for that little 9-month-old who couldn't express himself. He sat before me and scratched his arms and trunk and uncontrollably to the point of bleeding. Because of his constant scratching, his skin had started to harden. He had uncontrolled eczema,

and his mother told me, in tears, how she had not been able to obtain a referral to a dermatologist, the county pediatric dermatologist, one afternoon a month, clinic time.

That same day, to prevent the mother from receiving a large medical bill, I did what I normally do. I got on the phone to a private insurance company and asked the insurance bureaucrat to agree to pay for the visit. As my other patients had to wait for me, I wasted time on the phone trying to solicit preapproval from an insurance company, but I could not sway the insurance gatekeeper. I tried my hardest to make this bureaucrat understand the child's bloody scabs, the mother's tears, but to no avail. The dermatologist took pity on the child and he did what physicians often do, he saw the child for free.

What a tragedy in this Nation. How can one accept this predicament? I ask the question, why not?

I thank Dr. Blum for going the extra mile, as so many of our doctors do day after day and time after time. I know it well, as my area includes the Texas Medical Center, Texas Children's Hospital, Hermann Memorial, Baylor, Methodist, St. Luke's, MD Anderson, and many others; St. Joseph's, the Doctors Hospital on Tidwell, so many where doctors just say yes. They just say yes.

But can you imagine? What could I have done? What do you think Dr. Blum could have done? Could he have taken a BlackBerry picture, an iPhone picture of this 9-month-old baby? Could he have squeezed it through the telephone for this bureaucrat to be able to answer?

A vigorous public option has to be the answer for there to be the kind of reality that we cannot allow this kind of system to continue to take the lives of the sick, the sick who want to live, the sick who deserve to live. This kind of condition is one that I believe can be enormously unacceptable.

Let me share with you some additional stories that I believe are important to make the story complete. We were very pleased to have at our hearing today the wife of Senator Fulbright, Harriet Mayor Fulbright, who came to advocate—she did not have to do that—for a vigorous public option. She could have continued her philanthropic work. We certainly know of the great work of her husband, Senator J. William Fulbright, and the legacy that he had left.

But she wanted to tell us of a condition that she was suffering. She had experienced anemia. There was a lot of different testing of what was her condition. Finally, she got a diagnosis. It involved cancer.

She had a doctor at Johns Hopkins whom she liked, as she said, from the start. He finally told her that even though the chemo was indeed killing the cancer, it was also causing such damage to my immune system that he felt I needed a second opinion. So he

suggested that she go to another specialist at Dana-Farber Cancer Institute.

She saw another doctor, and in a few months her life began to improve. The complete transformation you now see, and she was before us, and she looked wonderful, came slowly, but it was like a miracle, she said. I am not and cannot be cured, but I am in complete remission.

She went on to say it came about because of a medical team extending around the world, doctors who shared research findings and techniques freely, swapping patient stories in an effort to treat us all with greater efficiency and compassion, brainstorming ideas about how to spread the word about this disease so that future patients would not go through a year of more frustration.

She wanted to emphasize to us it was because she had health insurance of the kind that would allow that to happen. But she came to tell us that she was not satisfied that her life was saved, that she was sick, sicker and the sickest person that she could have imagined, but now she has the opportunity to play with her grandchildren because she had health insurance. But she testified today, as a sick person formerly, now in remission, that she wants to see a vigorous public option.

Again, we want to hear from the sick, the sicker and the sickest, because they are, in fact, the reason why we need to pass health care reform. H.R. 3200 is health care reform legislation that will, in fact, provide us the opportunity to save lives.

Madam Speaker, you know I mentioned earlier 50,000-plus of our brave men and women died in Vietnam, how many we lost in World War II and World War I and our other wars and, of course, the gulf war and the Iraq war, Afghanistan, as we are still on the front lines.

□ 2130

Those are enormous tragedies and treasure that is lost.

I am very grateful that one of my constituents that I have great admiration for that we lost just recently, Dr. Michael E. DeBakey, whom we had the privilege of naming the veterans hospital after, was the doctor that created the MASH unit.

Now, with modern technology we are seeing our soldiers come home from the battlefield, even different from Vietnam, and even though we have lost a high toll in Iraq and Afghanistan, we are saving lives because of a public health system, the military doctors who are in the field taking care of these brave men and women, allowing them to come home to their families, a government health care system.

I want the men and women who may live to serve in the United States military, or the child that may grow up to join the United States military, to be able to live if they would have access to health care and a vigorous public op-

tion, so that that 9-month-old baby who could not speak for himself laying on that table blistering his own body, uncontrollably scratching, and not knowing, just being a baby, an infant, that someone would be so callous as to refuse a treatment that could have occurred right there. Short of that doctor saying yes, that baby would have gone home with that mom.

Or the accident victim, the story that I heard in my own community, where a car was totaled with a mom and a couple of her daughters' friends, and where one child may have refused to go to the hospital, was told not to go because that family member could not afford the cost of the hospital, of the cost of the ambulance to take the child to the hospital. It was ultimately worked out that the child could see a doctor.

But I don't blame that parent or that family member. You have got to understand what that means, what that means to those who are paying rent, providing for three and four children, who are being the parent that we ask them to be, trying to provide for all the children.

Or maybe the parent that stood up in my town hall meeting and said to me, "What do we do? I have insurance. I went to the doctor. I took it there and the doctor said, 'This insurance is not worth the paper it is written on. What it says is it provides you with emergency care.' My son needs a physical in order to go into school." In order to start school, he needs a physical.

So many of us as Members of Congress in our town hall meetings on health care reform heard those stories. I told my staff immediately, we are going to get her the care that she needs. We are going to get that son a physical. We referred her and made sure that she got the very next day or within a day or two into one of the Federally qualified clinics. She knew nothing about it.

There are not very many in our community in Houston. We want to build up in Texas. They are growing. We are looking to invest in one with Rev. Ethan Ogletree, who is looking to put one in the Greenspoint area. We are looking to work with the Acres Home community to ensure that we have one there. And others are planning such clinics. Out of H.R. 3200, we will find the opportunity and the language and the provision to establish Federally qualified community clinics.

But that young man was able to get into one that our office provided him the access to, because that family did not know about that opportunity, so that he could get a physical and be able to return at that time to school.

Madam Speaker, I don't know how many more stories we need to hear. There are so many. I know that there are people who are sick, who are denied the access to a physician, or themselves make the decision that they are not going to go and get medical care. They are going to take care of them-

selves. They may try to ask a pharmacist and get some over-the-counter drugs.

As one testified in our hearing as well, another film producer who was willing to say in her story that she wound up asking friends who had similar conditions, can I borrow your medicine? Dianne, who was a TV producer, she told us that story. Many people do that.

Madam Speaker, many of them as well not only do that, but they cut their medicine in half, or they don't take their medicine. How many seniors do that?

So we have to fix this system so that the cost of prescription drugs for seniors does not price them out of caring for themselves and taking the medicine that they have. We must fix the system so that Medicare costs do not cause Medicare to not be able to serve all of the seniors and those that need it.

By the way, Madam Speaker, if we just count the lives that were lost pre-1965 before Medicare and look at the life expectancy term now, how much it has grown. I did not know my paternal grandfather. My grandmother told me that he died in the 1930s at home with pneumonia, not seeing any doctor, not having any insurance. That was America during that time. Congress even from that time, the 1930s, the 1940s, the 1950s and the 1960s, tried to do health care reform. How many lives, countless lives, were lost because of the fact that we did not have health insurance?

So this hearing today was a moment in history, one that I was so very proud to be a part of. We heard from Dr. Lucy Perez, a past president of the National Medical Association, who insisted eloquently that we should have the right kind of health care reform that brings down premiums and allows access for all Americans.

We heard from Dr. Aziz, a renowned and respected cardiologist. He has extensive training in heart and lung transplants and was a co-director of the heart transplant program at the University of Washington. This doctor advocated for a vigorous public option because he wanted to be able to use his skills on those who may not be the wealthiest in America. He wanted to cure the heart problems and lung problems through surgery of those who now languish in their apartments and homes because they do not have health care insurance, who have not seen a doctor, whose health is deteriorating, whose heart disease is growing and expanding.

I do want to make mention of the fact that Eric in his death shared his liver so that someone else might live. Can you imagine that person who needed that liver not having health insurance? Can you imagine that kind of continuing crisis in America?

It is important to note that doctors like Dr. Murphy came as well to speak about the importance of letting the message of doctors from around the country come out. The poster board



that I had that indicated that all these doctors from all of these organizations are in fact supporting, they are supporting, health care reform.

The question is not why, but the question is why not? We thank him for his presence. And we thank Elizabeth Wiley, who came as a medical student and indicated that 62,000 medical students across America are supporting a vigorous public option.

I believe, Madam Speaker, that the stories of the sick, as we mourn those who have lost their lives, are potent and powerful. As we listened in the waning hours of this hearing and listened to many, many others, Dr. Ben Carson joined in by telephone and told us, this great surgeon, of the need for full access and the need for the ability to be heard on this issue.

Madam Speaker, I close by simply saying if the question is asked why, we ask why not? A vigorous public option will save lives; 45,000 die every single year. And to the sick who are listening, let us hear from you, because we will be propelled by the cause and necessity of providing you, the sick, with good health care so that you might live.

#### VACATING 5-MINUTE SPECIAL ORDER

The SPEAKER pro tempore. Without objection, the ordering of a 5-minute Special Order speech in favor of the gentleman from Texas (Mr. GOHMERT) is vacated.

There was no objection.

#### PROVIDING AFFORDABLE, ACCESSIBLE HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Texas (Mr. GOHMERT) is recognized for 60 minutes.

Mr. GOHMERT. Madam Speaker, it is always an honor to be here on this floor where so much history has been made. I can't help but think of the quote from Thomas Jefferson: "The natural course of things is for liberty to yield and government to gain."

What we have been faced with and what is being negotiated behind closed doors, interesting negotiations, there are no Republicans that have been allowed anywhere near, despite all the promises of the most open government that we would have once President Obama was in the White House and Speaker PELOSI was Speaker and HARRY REID was the Majority Leader in the Senate. Those things just simply have not materialized.

I keep hearing people, and I have heard them on both sides of the aisle, say we want health insurance for everyone. What I want for everyone is health care; health care that is affordable, health care that is accessible.

Health insurance? I gave a speech to health insurance folks here last year and I pointed out, you think you are selling insurance, but this is not insur-

ance. You are selling management by health insurance companies of health care. It is not insurance.

Look it up. Insurance is not paying a company to manage everything for you. Insurance is when you pay a little premium, a small premium, sometimes monthly, sometimes quarterly, sometimes for a whole year. You pay that to insure against some unforeseeable event out there in the future.

Now, when I was growing up in East Texas, there were precious few people that had any insurance, but the ones that did, they paid a tiny premium to insure against some catastrophic illness overtaking them or some terrible accident that left them in need of expensive health care, and that insurance would cover them.

For the rest of us, if you got sick, you knew exactly what the cost was at each doctor's clinic, at the hospital, and you also knew if you got sick and had to go to the doctor's office what it would cost. But if it was more than you could pay, then there was usually someone near the front counter who could work out a monthly payment for you to pay. But, as a patient, you had control of your health care.

I have been intrigued. It just leaves you with a broken heart to hear all the troubling stories from our colleagues across the aisle about the tragedies of sickness or accident. But I have heard the same thing except, many-fold more, about socialized medicine.

As an exchange student in the Soviet Union in 1973, I had a chance to see socialized medicine up close and personal, the way it gets after it has existed for a number of years. People rarely ever saw the same doctor when they went.

The doctors, it was not an honor to be a doctor there. College students with whom I came in contact and got to know, if they had a parent, a father or mother that was a doctor, they were not all that thrilled to tell you. They were tickled to death to tell you if they had a parent that was assistant to the assistant manager of a factory, but not so much of doctors.

Here in the United States, doctors traditionally have been paid well, and it has inspired the very best and brightest among us to aspire to go to medical school and become doctors to help people. And what seems to have been missing from heartrending story after heartrending story are any good stories.

□ 2145

So if someone is visiting the United States, and the only exposure that they have to hearing about our health care is from the stories from our friends across the aisle, they would certainly want to avoid U.S. hospitals, U.S. doctors and U.S. clinics because of all the terrible tragedies that seem to be the only thing that occur; when the fact is, this country provides a better level of care than anywhere not only in the world but in history.

I've had doctors who were historians indicate that before 1910—not even a full 100 years ago—before 1910, if you went to the doctor, the odds were about 50-50 that you would actually be helped by going to the doctor instead of being harmed by going to the doctor. Just down the road out here you can get to Mount Vernon, to George Washington's home. We have a beautiful painting over here similar to the one hanging in the White House of George Washington, all 6-foot-3½. Though some say he was not that tall, they knew he was that tall when they measured him on the slab after his death. But he died at an age that was unexpected for him because he seemed to be in such good health. He had been out marking trees that were going to be cut down. He didn't know that he might someday get a carbon credit for them, so he had marked them to be cut down. It was during the cold and during the rain, and he got a cold. He didn't get out of his wet clothing very quickly. He had dinner the night he came back. He didn't do much about the cold. But before long, it began to overtake him.

One of his closest friends in the world was his doctor, Dr. Craik. I think he was bled three times, and they just could not understand why they kept draining out the bad blood, as they thought, out of the great father of our country, and he just seemed to not be getting better. They didn't know the damage they were doing to this giant of a man.

But we get past 1910, and because of the free market system in this country, health care has been elevated to a level never before seen in the history of mankind. What is missing in some of the stories that have been told are some of the stories that I have personally heard and have become familiar with.

Sue Clark lives in Tyler. She told me that she emigrated from England. Her mother got cancer living in England and, as is normally the case with socialized medicine, there, in Canada and soon to be here if the health care bill either the House or the Senate is talking about makes its way and gets passed, signed into law, people will go on lists the same way here. So when the President says, We're cutting \$500 billion or so in Medicare, but we're not going to deny coverage to anyone, not going to deny treatment, what we see in these other countries is that they're not technically denied treatment or care. They're put on lists. And as it goes with socialized medicine, in order for the socialized medicine health care system not to go broke, people end up dying on the list, waiting to get their health care coverage.

That's what Sue said happened with her mother. Because her mother got cancer in England, she died of the cancer, which would have been an unnecessary outcome, had she been living in the United States, as Sue said. Sue got cancer here in the United States. She didn't go on a list. She is a secretary,